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COMPARISON OF ORAL ANTICOAGULANTS OR ANTIPLATELET THERAPY FOR THE EXTENDED TREATMENT OF VENOUS THROMBOEMBOLISM: SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Anticoagulation for Venous Thromboembolism: State-of-the-Art
Abstract Category: 46. Vascular Medicine: Venous Disease
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Background: A systematic review and network meta-analysis (NMA) were conducted to compare oral anticoagulants and aspirin for the secondary prevention of venous thromboembolism (VTE).

Methods: Databases were searched (July 2014) to identify phase III randomized controlled trials (RCTs) evaluating the novel oral anti-coagulants (NOACs), warfarin and aspirin. A fixed-effect Bayesian NMA was conducted for relevant outcomes.

Results: Eleven eligible RCTs reported the following treatments: apixaban 2.5 mg twice daily (BD); apixaban 5 mg BD; rivaroxaban 20 mg once daily (OD); dabigatran 150 mg BD; aspirin 100 mg OD; warfarin standard/low dose. The relative risk of 'VTE and VTE-related death' was significantly lower for apixaban 2.5 mg BD compared with aspirin 100 mg. The risk of 'major or clinically relevant non-major (CRNM) bleed' was significantly lower for apixaban compared with the other NOACs [rivaroxaban (↓77%), dabigatran (↓58%)] and standard dose warfarin (↓77%). A lower risk of treatment discontinuation was observed for apixaban compared with all treatments.

Conclusion: These findings may help redefine clinical equipoise and alter the guidelines for secondary prevention, as apixaban provides improved efficacy in terms of reduction in 'VTE or VTE-related death' and similar risk of major bleeding compared with aspirin. Apixaban reports a significantly better safety profile compared with other NOACs including VKA, dabigatran or rivaroxaban.

Table: NMA results. *statistically significant

Outcome	Relative Risk (95% CrI): apixaban 2.5 mg BD vs comparator			
	Dabigatran 150 mg BD	Rivaroxaban 20 mg OD	Aspirin 100 mg OD	Warfarin INR 2.0-3.0
VTE and VTE-related death	1.77 (0.70, 4.68)	1.01 (0.40, 2.71)	0.28 (0.14, 0.51)*	2.37 (0.94, 6.13)
Major or CRNM bleed	0.42 (0.18, 0.97)*	0.23 (0.09, 0.59)*	0.82 (0.33, 2.04)	0.23 (0.10, 0.55)*
Major bleed	0.24 (0.02, 1.82)	0.03 (0.00, 0.65)*	0.34 (0.03, 2.51)	0.13 (0.01, 0.92)*
CRNM bleed	0.47 (0.19, 1.12)	0.28 (0.10, 0.73)*	0.71 (0.20, 2.43)	0.26 (0.11, 0.64)*
Discontinuation	0.78 (0.57, 1.09)	0.72 (0.51, 1.04)	0.66 (0.48, 0.91)*	0.75 (0.54, 1.05)